MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16977 CERTIFICATE OF DEATH 16970 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY Washington Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 2 days Sandy Hook Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Main Street Frederick Memorial Hospital NO TO 3. NAME OF carbon Middle DATE Year DECEASED GREENWALT Howard Fenton DECEMBER (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED last birthdoy) Hours Nov.16, 1899 White Male WIDOWED | DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY COUNTRY? Loudoun County, Va. Railroad Trackman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Mary Magdaline Mirely Abraham Greenwalt 17. INFORMANT Chas. R. Green Walt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war ar dates of service) 705-05-9523 21719 Box67, Rt.1, Cascade, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit burial, cremati PART I. DEATH WAS CAUSED BY CORONARY ITROMBOSIS ONSET AND/DEATH IMMEDIATE CAUSE (o) by the haspital ar attending physician. DUE TO ARTERIOSCLERUTIC HEART DISEASE Conditions, if any, which gave rise to immediate cause (o), DUE TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) State Dept. af Health 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) factory, street, office blda., etc.) Hour a.m. O FUNERAL DIRECTOR: After 21. I certify that (1) this hospital) attended the deceased fram_ 1967, and that death accurred at 13/4M, fram causes and an the date stated above. be retained saw the deceased alive an 12 220. SIGNATURE MED. DIRECTOR PHYS 22d. **ADDRESS** Frederick, Md. NAME (Type) Richard C. Reynolds 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) REMOVAL (Specify) 12/10/67 Loudoun Heights, Va. Ebenezer Cemetery 24 FUNERAL DIRECTOR. **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Parpers Ferry, W. Va

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16951 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 16944 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b COUNTY Page p Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND delay 3 c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside corporate limits, and write RURAL and give nearest tawn) E Frederick Bluemont 2 e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS pencil in Item 18. Give Pages 1, farm Frederick Memorial Hospital YES NOF State be executed within 24 haurs after death. Office alang with NAME OF First 4 DATE Manth Year DECEASED Joseph Fulton Dec. Allder 6, 1967 DEATH 19 (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Dovs Hours Aug. Male White DIVORCED 72 haurs after death WIDOWED pages land 2 12. CITIZEN OF WHAT 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR COUNTRYS during most of working life, even if retired)
Factory worker INDUSTRY Virginia Rubber Co. Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lillian Fulton Joseph Thomas Allder File 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO permit. (Yes, no, or unknown) (If yes give war ar dates of service) Mrs. Charlotte Barnett, Oxon Hill, Md any event within 18. CAUSE OF DEATH (Enter only one cause percline for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o' This certificate shauld ward DUF TO Conditions, if ony, which gove writing the rise to immediate couse (o), p = DUE TO stating the underlying couse farwarded and 19. WAS AUTOPSY PERFORMED? remayal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO the certificate, pe 2Do. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 shauld crematian, ar MEDICAL EXAMINER: CAUSE OF DEATH MEDICAL 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 2Df (City or town) (County) (Stota) 20c. TIME OF INJURY Month, Doy, Yeor factory, street, office bldg., etc.) While Not While FUNERAL DIRECTOR: Page X of wark 1967 ot work please execute 21. I certify that I took charge of the remains described obove, held on Autopsy Inquiry Inspection ond in my opinion Noturol causes Accident A Suicide Homicide Undetermined monner funeral directar. deoth resolted from: retained CHIEF MEDICAL EXAMINER 0 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior O DEPUTY pe DEPUTY MEDICAL EXAMINER **EXAMINER'S** may Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 23o. BURIAL CREMATION 50 Loudoun County Vi 12/9/67 Loudoun Ebenezer Virginia 2So. REC'D BY REGISTRAR H. Enders Funeral Home, Berrwville VR A15ME (5) 6M 1/67 Minute Judge 1967

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16952 CERTIFICATE OF DEATH 6945 funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Frederick MARYLAND Maryland Frederick in by the Pages c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Frederick Frederick 20 years d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? campletely filled NO Y Frederick Memorial Hospt 126 East Street YES NAME OF Middle 4. DATE remave carban × Lost Manth Dov Year DECEASED Mildred Allen (Type or print) NMNDEATH December S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthday) Months Hours Dovs and in any WIDOWED DIVORCED Female Negro 0-20-1920 and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) physician c INDUSTRY COUNTRY? Presser Clothing Factory Dauphin
14. MOTHER'S MAIDEN NAME TI.S.A 13. FATHER'S NAME ar remaval, Charles Hamilton Hazel Johnson 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Frederick, Md Marshall Allen 126 EastStreet 213-24-8145 No ***** crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse the has been last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) far use State Dept. of Health NO certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While at work ot work 21. I certify that (I) (this haspital) attended the deceased fram_ , 1967, that (1) (we) last sow the deceased alive on 12 1) 2 19, 574 and that death occurred at 3 A.M. fram causes and an the date stated above. TO FUNERAL DIRECTOR: 220. SIGNATURE 22b. DATE SIGNED Town M.D. DIRECTOR PHYS. eq page 22d. ADDRESS directar, page should be file 22c. PHYSICIAN'S NAME (Type) J.R. Poirier Fred Medical Center Fred Md 23o. 8URIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) 12-15-67 Fairview Frederick Md Fred 2So. REC'D 8Y REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 25M 1/67 C.E. Hicks, 111 Frederick, Maryland

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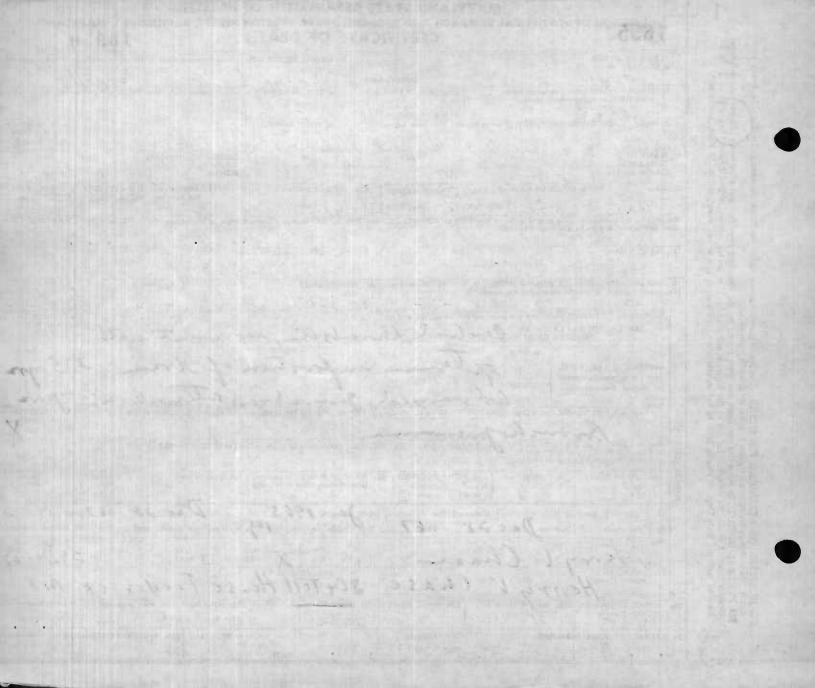
MARYLAND STATE DEPARTMENT OF HEALTH

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W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 CERTIFICATE OF DEATH 6950 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY ede MARYLAND and b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) d. NAME OF HOSPITAL OR e. IS RESIDENCE ON A FARM? YES NO papers n 72 h complete 3. NAME OF 4. DATE OF Month Day Year DECEASED carbon pa (Type or print) DEATH 1967 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS and NEVER MARRIED last birthday) Months event, certificate DIVORCED WIDOWED physician гетоме 1Da. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY & State, or foraign country) dona during most of working life, evan if retirad) ousewife Then please 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending and Benjamin Waltz Julia Bingle requires that the or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no. or unkown) | (If yes give war or datas of service signed by the permit. the hospital or attending physician. 18. CAUSE OF DEATH (Entar only one cause par line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (a) the burial-transit DUE TO has been Conditions, if any, which gava risa to immadiate cause DUE TO (a), stating the underlying PHYSICIAN: causa last. DIRECTOR: After this certificate as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 0 CERTIFICATION 19. WAS AUTOPSY PERFORMED? USB prior NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Port II of itam 18.) be detached for 208. ACCIDENT WAS UNDERLYING of Health OR CONTRIBUTING CAUSE OF DEATH be retained by MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED | 2Da, PLACE OF INJURY (Homa, farm, 1 (County) 2Df. (City or town) (Stata) factory, street, office bldg., etc.) While Not While Dept. at work at work p.m. 19 25 , 196 7, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from plnods State 19.6...., and that death occurred at 5.0 M, from the causes and on the date stated above. saw the deceased alive on. OR may death. Page 4 ma
TO FUNERAL DI
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be filed with the S 220. SIGNATURE 22b. DATE SIGNED ATTENDING HOSPITAL PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY 23d. LOCATION (City, lown or county (State) REMOVAL (Spacify) Uniontown 377707 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Sykesville, Md. VR A15 (4) 20M 5-63

OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 6958 16951 be executed within 24 hours after death., funeral and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Frederick Mary land Frederick MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)

Frederick c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) C. LENGTH OF STAY IN 16 Lime Kiln week d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) IS RESIDENCE ON A FARM? and campletely filled in d. STREET ADDRESS and in any event, within 72 Frederick Memorial Hospital NO X YES Middle 3. NAME OF First 4. DATE Last Month Day Year DECEASED Carrie V. Ceci1 December 12-19 67 (Type or print) DEATH S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 🛣 NEVER MARRIED last birthday) Manths Haurs Female White WIDOWED DIVORCED May 9-1905 62 10a. USUAL OCCUPATION (Give kind of work done during most af working life, even if retired) **Home maker** 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT Own Home COUNTRY? U.S.A. PHYSICIAN: The law requires that the death certificate Clarksburg- Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal, Mollie Streams John Cordell 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no ar unknawn) (If yes give war or dates af service) 20 Note avagabae Walter S. Cecil- Lime Kiln, Md. 21763 crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) þ DUE TO signed I burial, Conditions, if any, which gave (b) rise ta immediate cause (a), DUE TO as the priar to stating the underlying cause Page 4 may be retained by the haspital ar attending FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use CERTIFICATION the State Dept. af Health NO K YES 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. factory, street, office bldg., etc.) Nat While shauld be 21. I certify that (1) (this hospital) attended the deceased fram Ob 196 , and that death accurred at M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o, SIGNATURE 12-12-1967 DIRECTOR M.D. PHYS director, page 3 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Robert J. Thomas 812 Toll House Ave.-Frederick, Md.21701 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (State) BUTTAL (Specify) Clarksburg, Md.20734 Clarksburg Cemetery 12-15-1967 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Fluord VR A15 (4) 20 M 1/66 M.R. Etchison & Son Frederick, Md. 21701 14

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	Item 18 Film 396 12-28-MARYLAND STATE DEPARTMENT OF HEALTH 11 18-21-11-8-DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16952
HEALTH DEPT.	1. PLACE OF DEATH O. COUNTY Frederick MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) No. COUNTY O. STATE Maryland Maryland Baltimore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Frederick c. LENGTH OF STAY IN 1b Hours C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard 0.3, 2
es 1, 2 form form	d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street oddress) Frederick Memorial Hospital d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum NO \(\sum \)
should be executed within 24 hours after death. If any dene word "pending" in pencil in Item 18. Give Pages 1, 2, on the Chief Medical Exominer's Office along with form PM3 burial-tronsit permit. File pages 1 and 2 with the State Departm any event within 72 hours after death.	3. NAME OF First Middle Last Lost OF DECEASED (Type or print) Holmes Lost Compton Jr. OF DEATH December 12 19 67
urs afte n 18. G ce alon 12 with	S. SEX Male 6. COLOR DR RACE White 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED July 11, 1926 9. AGE (In yeors lost birthday) Months Doys Hours Min.
24 hou in Item in Office of Iona after de	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR Co. 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT U.STRY 13. COUNTRY? 14. COUNTRY? 14. S. A.
within pencil xomine ile pog hours	13. FATHER'S NAME Holmes Compton 14. MOTHER'S MAIDEN NAME Sadie Bowen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Wife) Address Ft. Howard.
ecuted Jing" ir edical B ermit. I	Yes no, or unknown) (It yes give wor or dotes of service) 11,7-12-2811 Mrs. Margaret Compton, 4 Todd Ave. Md.
d be ex d 'penc Chief M fronsit p	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) Congestive heart failure due to INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
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vertificat writing orwarded used os o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?
Thi ficat be d be	PERFORMED? YES NO [200. EXTERNAL CAUSE WAS PRIMARY TO Or CONTRIBUTING CAUSE OF DEATH. Went to sleep in a truck with the motor running
	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m 19 20d. INJURY OCCURRED 3 20e. PLACE OF INJURY (Home, farm, foctory street, office bldg, etc.) of work
DEPUTY MEDICAL EXAM ecessary, pleose execute the funeral director. Poge 4 moy be retained for your moy be retained for your eafth prior to buriol, cremot	21. 1 certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinic death resolved from: Natural causes , Accident S Suicide Hamicide Undetermined manner
Men pleo: dire- dire- pire pleo: r to	ACTUAL SIGNATURE SIGNATURE SIGNATURE ACTUAL SIGNATURE ACT
TO DEPUTY necessary, if the funeral 5 may be in FO FUNERAL Health prior	EXAMINER'S NAME (Type) Robert J. Thomas M.D. Address (Street, city, town, or county) 21701 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
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VR A15ME (5)	John J. Duda, 7922 Wise Ave. Dundalk, Md. Date DEC 20 1967 Wise Ave.

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	16960		CERTIFICATE	OF DEATH		16953
Ī	DECEASED-NAME First (Type ar print)		Las		2a. DATE OF DEATH	Day Years
L	JOHN	JOSEPH	COOLE		December	30 1967 8:05 m
3	SEX .	4. RACE		OF BIRTH	6. AGE (In years last birthday)	IF UNGER 1 YEAR IF UNGER 24 HRS. MONTHS DAYS HOURS MIN.
7	Male	White 7b. CITIZEN OF WHAT COUNTRY?		ot. 19, 187	COUNTY OF DEATH	YRS.
4	a. BIRTHPLACE (State or foreign puntry) red. County, Md	U. S. A.	8. MARRIED NEV	EK MAKKIED	Frederick Cou	mhar u
Ě). CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR II			OCCUPATION (Kind of work do	
	Frederick	rederick Me	emorial Hos	pital during most	of working life, even if retire	d.) rarming
1	Ba. USUAL RESIDENCE (Where decea	sed lived, if institution: Residence before	Pact kormown	S 13d. INSIDE CITY LIMITS	13e. STREET AND NUMBER	
	droissian) STATE	13b COUNTY Frederick	Road	YES NO NO		
1	4. FATHER'S NAME First	Middle Last	IS. MOTH	ER'S MAIDEN NAME First		
Ļ	Levi	MED FORCES? 16b. SOCIAL SECURITY	'NO. 117. INFORMA	Caroli	ne Addres	Thomas
ľ	6a. WAS DECEASED EVER IN U.S. ARI Yes, na, Wuknawn) (If yes give	war or dates of service) 218 24 99		Cthel Linth		M _a ryland
F	ID CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), and (1	APPROXIMATE INTERVAL BETWEEN ONSET-AND DEATH
ı	PART I. DEATH WAS CAUSE	D BY:	after	y Thu	Quelosis	BETWEEN ONSEGAND DEATH
١	IMMEDI	DUE TO, OR AS A CONSEQUENCE O	100-2	O.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Layor
ı	Canditians, if any, which gave) " Corollas	Arter	inschios	14.0.	10 years +
	rise to immediate cause (a), stating the underlying cause	(0)				
ı	last.	(c)				
	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)	
ı	2		rosoows I so	AUTORNIA	DOL IF VEC WEDE FINDIN	IGS CONSIDERED IN CERTIFYING
ı	19a. DATE OF OPERATION 19b.	. CONDITION FOR WHICH OPERATION WAS F		i. AUTOPSY?	CAUSES OF DEATH?	GS CONSIDERED IN CERTIFFING
	19a. DATE OF OPERATION 19b.	NG 21b. TIME OF INJURY		YES NO ST	ature af injury in Part 1 ar Par	t 2 Item 18\
		ATH HOUR A.M. Manth Day Yea	r	SKI OCCORNED (EIIIS) III	aiore ar injusy in rust i di rus	1 2, 110111 10.]
	G OR CONTRIBUTING CAUSE OF DEA	P.M. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	ACTORY,) 21f. LOCATION	Street ar R.F.D. Na.	City or Town	County State
	While Nat while at wark	OFFICE BUILDING, ETC.	, and a second	on our miner item	,	
		his haspital) attended the decea	sed fram_Sed	1, 1967	z, ta Dec .30	1967, that (1) (we) last
	saw the deceased of	his haspital) attended the decea	1967, and that	in (my) (aur) apinio	an death accurred an the	e date and haur and fram the
l	22b. SIGNATURE	(g, (I) (we) (did) (did not) view the	bady after death.			22c. DATE SIGNED
l	220. SIGNATURE	Will State	DEGREE P	TTENDING MED DIRE	CTAFF	Jan.1, 1968
l	22d. PHYSICIAN'S	Je azzen		e. ADDRESS	1113.	
		lis J, Riddick, M	D. 1	Frederick M	edical Center	Frederick, Md.
t		DATE 23c. NAME O	F CEMETERY OR CREMA	TORY	23d. LOCATION (City or Town)	(Caunty) (State)
L	Burial Ja	m. 2, 1968 Mt. 0	ivet Cemet	tery	Frederick,	
			5 Fadele		0.007	RAR'S SIGNATURE
	M. R. Etchi	son & Son, Freder:	lek , Mary	Land DATA	3 1968 fclie	

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9-1	MARYLAND STATE DE Division of STATISTICAL RESEARCH AND RECORDS, 30	PPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, MARYLAND 2	1201
7	4 00 04		954
nours after death. by the funeral Pages I and 2 coursafter death.	1. PLACE OF DEATH a. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residual control of the country of the	ence before admission)
urs after by the functional properties.	b. CITY OR TOWN (If autside carparote limits, write RURAL and give neorest town) Frederick 3 wks.	c. CITY OR TOWN (If autside carparate limits, write RURAL and g	ive nearest tawn)
filled in the papers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
ely fills	Frederick Memorial Hospital 3. NAME OF First Middle DECEASED Middle	Last 4. DATE Manth OF	Day Year
completely over corbon y event, with	The state of the s	last birthday) Manths	R I YEAR IF UNDER 24 HRS.
ote be executed vicion and complete eose remove corlandin any event,	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Rural Mail Carrier US Mail	11 DIDTUDIACE (County & State of foreign country) 12	CITIZEN OF WHAT
ertificote be physicion o ten pleose toval, and ii	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	OOA
ot the death cer the ottending p nsit permit. The mation, or remo	John Cordell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 215-38-5144	Mollie Streams INFORMANT Address Mrs. Nettie J. Cordell Sam	e as #2
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. be retained by the hospital or ottending physician. SIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral is 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages I and 2 ed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, withing 2 hours after death.	18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO Canditians, if any, which gave rise to immediate cause (a),	4 '	INTERVAL BETWEEN ONSET AND DEATH
ne low re ttending as been os the prior to	last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART (1(a)	19. WAS AUTOPSY PERFORMED?
ICLAN: The pital or o pital or o rificate had for use of Health	20a. ACCIDENT WAS UNDERLYING O COURRED. OR CONTRIBUTING CAUSE OF DEATH	Kup tired Gallbletter (Enter nature of injury in Part I or Part II of item 18.)	YES NO
IG PHYS the hosp r this cel detoche	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	aunty) (State)
TTENDIN oined by OR: Afte ould be ould be		at death occurred at I/A/M, from causes and on	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 moy be retoined by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to	22c. PHYSICIAN'S NAME (Type) M.I.	ATTENDING MED. STAFF	DATE SIGNED
O HOSPITAL Page 4 moy O FUNERAL director, pag	230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR Clarksburg	Clarksburg, Mor	(Caunty) (State)
VR A15 (4) 20 M 1/66	24. FUNERAL DIRECTOR ADDRESS Francis H. Barber Laytonsville, Md.	25a. RECD. BY BEGISTRAP 67 25b. REGISTRAP S	SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death pula neral 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY o. COUNTY Frederick MARYLAND Frederick Marvland b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 hoors at Frederick Years Frederick e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d. STREET ADDRESS papers. event, within 72 YES NO 134 East Third Street 13h East Third Street The law requires that the death certificate be executed within 3. NAME OF DECEASED (Type or print) Middle 4 DATE Month Year Doy carban 19 67 CREAGER DEATH December RICHARD M. IF UNDER 24 HRS 9. AGE (In years IF UNDER 1 YEAR B. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours □August 22. 1882 WIDOWED DIVORCED Male White physician and one nen 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? INDUSTRY Frederick County, Md. U. S. A. Custodian Retired 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary A. Musser John Wesley Creager 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Burton M. Creager, Frederick, Maryland 214 10 1892 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p burial, crematic ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial failure IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove Arteriosclerotic Heart Disease vears rise to immediate cause (o), DUE TO stating the underlying couse as the priar to TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED JO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) use Recent Inflitenza type viral infection NO X far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached (Stote) 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. Not While ot work 21. I certify that (I) (this haspital) attended the deceased from $\underline{1965}$ sow the deceased olive on $\underline{12/29/67}$ 19____, and that death to 12/29 1967, that (1) (363) last _19____, and that death accurred at 5:30 M, fram couses and on the date stated above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS. MED. DIRECTOR Dec. 29, 1967 M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Gilcin F. Meadors. M. D. Toll House Avenue, Frederick, Maryland director, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23a. BURIAL, CREMATION, REMOVAL (Specify) Frederick, Maryland Burial Mount Olivet Cemetery 250. REC'D BY REGISTRAR A.N. 3 1968 24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16963 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 16956 HEALTH DEPT 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) delay to o. COUNTY a. STATE b. COUNTY Page MARYLAND tu b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b. OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 2, and PM3. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENC pending" in pencil in Item 18. Give Pages 1, ef Medical Examiner's Office along with farm ON A FARM YES NO in Item 18. Give Pages 24 haurs after death. NAME OF Middle DATE First Last Month Year DECEASED (Type or print) DEATH IF UNDER 1 YEAR UNDER 24 HRS S. SEX 6. COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Months Doys Hours W WIDOWED DIVORCED 72 haurs after death 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Farmer mary 13. FATHER'S NAME This certificate shauld be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN (Yes, no, ar unknown) (If yes give war or dates of service) event within 1B. CAUSE OF DEATH (Enter only one cause per line fay INTERVAL BETWEEN Chief 1 ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) certificate, writing the word DUE TO any Conditions, if ony, which gove rise to immediate couse (o), farwarded ta = DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? remayal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NO pe 4 shauld be 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 3 should D PRIMARY ☐ or CONTRIBUTING ☐ AL EXAMINER: CAUSE OF DEATH. cremation, 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED (City or town) (County) (State) please execute the 20c. TIME OF INJURY Month, Doy, Year Not While Hour o.m. factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page at wark 21. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion Inspection Inquiry , Notural couses Undetermined manner deoth resulted from: Accident . Suicide Homicide be retained CHIFF MEDICAL EXAMINER prior to 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** TO FUNE Health RO B Address (Street, city, town, or county) NAME (Type) 23a. BURIAL CREMATION 23d. LOCATION (City or Town) (County) (State) 24. FUNERAL DIRECTOR VR A15ME (5)

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RTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16965 CERTIFICATE OF DEATH 16958 funeral 1 and 2 her death. The law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Frederick Frederick MARYLAND Maryland by the attending physician and campletely filled in by the transit permit. Then please remave carban papers. <u>Pages</u> crematian, ar removal, and in any event, within 72 hours attending the company of the control of th b. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town)

Frederick c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. Frederick years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS Frederick Memorial Hospital 642 Wilson Place YES NO IX 3. NAME OF Middle 4. DATE First Month Doy Year Lost DECEASED Marian Davis A December 25- 19 67 (Type or print) DEATH IF UNDER 1 YEAR S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 57 ost birthdoy) Months Dovs Hours Dec. 30-1909 Female White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Retired Teacher INDUSTRY U.S.A. Elementary School Frederick Co. Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John R. Dorsey Margie Albaugh 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no_or unknown) (If yes give wor or dotes of service) 219-36-4178 L. Donald Davis-642 Wilson Pl.-Frederick-Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY MCTASTATIC CARCINOMA OF BRAIN IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO CARCINOMA C. BREAST Conditions, if ony, which gove rise to immediate couse (a), **DUE TO** stoting the underlying couse d far use as the af Health priar ta O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO K YES | 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be detached State Dept. of 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Yeor foctory, street, office bldg., etc.) Hour o.m. Not While 19 ot work at work 21. I certify that (1) (this hospital) attended the deceased from 304. 1963 1012/23 196 (, that (1) (we) last director, page 3 shauld shauld be filed with the 19 67, and that death occurred at 1210 PM, from couses and an the date stated above. saw the deceased alive an 12 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) G. F. MEADORS. TOLL House X10 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Mt. Olivet Cemetery Frederick. Md. 21701 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR M.R. Etchison & Son Frederick, Md.21701

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16967 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 16960 HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY D Maryland Frederick MARYLAND Frederick delay co CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) pup M3. Frederick Life Frederick d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS POULS ON A FARM? 148 W. All Saints Street Item 18. Give Pages Office alang with for 148 W. All Saints St NO 3 YES after death. 3. NAME OF with the St within 72 Middle 4. DATE First Last Month Day Year DECEASED Delauter Bernice Mabel 1967 (Type ar print) December 5 DEATH with S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** last birthdoy) Months Days Haurs Item 18. haurs Female Negro WIDOWED DIVORCED 7-12-1928 39 event and 1Da. USUAL OCCUPATION (Give kind af wark dane during mast af working life, even if retired) IDb. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? in any Clerk Store L * Maryland
14. MOTHER'S MAIDEN NAME Examiner's pages 13 FATHER'S NAME within pencil and William Roberts Mabel Thompson 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT be executed rd "pending" in Chief Medical E Frederick, Md permit. (Yes, no, ar unknown) (If yes give war or dates of service remayal. 215-26-7738 Charles L. Delauter 148 W. Saints St No ***** 18. CAUSE OF DEATH (Enter only one cause per lines for (o), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Б IMMEDIATE CAUSE (a) certificate should writing the word burial, crematian, DUE TO OCCLUSION Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO 0 stoting the underlying cause farwarded CARDIOCASCULAR Discise 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO please execute the certificate. to pe 2Dg. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) shauld agent, prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20f. (County) (State) Haur o.m. foctory, street, office bldg., etc.) yaur Not While at wark at wark designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection for Inquiry and in my opinion FUNERAL DIRECTOR: funeral directar. death resulted from: may be retained Natural causes Accident [/] Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY OL DEPUTY MEDICAL EXAMINER **EXAMINER'S** FUNE Health Address (Street, city, tawn, or county) Fred . Md Robert J. Thomas NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) REMOVAL (Specify)
Burial 12-8-1967 Fairview Frederick Fred 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR Ocharles VR A15ME DATE DEC ? 1967 C.E. Hicks. 111 Frederick. Md

MARYLAND STATE DEPARTMENT OF HEALTH

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital or attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, with 72 hours after deathern.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

16961

					201101	
	PLACE OF DEATH			Where deceosed lived, if institut	tion: Residence before odm	ission)
	o. COUNTY TRISCIELLE	MARYLAND	O. STATE MAX	usland b. (00	NTY FREDE	riele
1	b. CITY OR TOWN (If outside corporate limits,	. C. LENGTH OF STAY IN 1b		utside corporate limits, write RU	RAL and give nearest tow	n)
	write RURAL and give nearest town)	reseate	100	deniek	//	1/
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	spital, give street address)	d. STREET ADDRESS	JENICO		ESIDENCE
E	rederick Menoxi	AL HOSPITAL		· R. 2.	ON YES [A FARM?
	NAME OF FOREST First DECEASED (Type or print)	Milton I	Dillow	4. DATE Mon OF DEATH	Doy	Year 19 6 7
S. :	SEX 6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years		NDER 24 HRS.
1	11110- 101111-	DOWED DIVORCED	6-12-9	79 68 yrs.	Months Doys Hor	
Juri	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) When & Operator	10b. KIND OF BUSINESS OR INDUSTRY Taxi Cab.	11. BIRTHPLACE (County	& State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?	
_	FATHER'S NAME		14. MOTHER'S MAID N	2007	William States	
1	John Diton		LAURA	Clems		
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Addr	ess	1111
(Ye	es, no, or unknown) (If yes give wor or dotes of service NO	214 03 9507 Mrs	. Virginia	Dixon(Same as	item #2)	
٦	1B. CAUSE OF DEATH (Enter only one couse per	line for (o), (b), and (c).)		,	INTERVAL	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ACUTE CO.	NGESTIV	E HEART FI	PILUPTE ONSELAI	ND DEATH
	4200 DUE TO					,
	Conditions, if ony, which gove) (b)	ACUTE RE	NAL P	FILURE	12	us
	rise to immediate couse (o), Stoting the underlying couse					
	last. (c)	HKIEKIDEC	LEKOTIC	HEART DIS	EISE 4,	K
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(0)		AUTOPSY ORMED?
A	G-ASTRIC.	RESECTIO	m		YES [NO 4
CERTIFICATION		20b. DESCRIBE HOW INJURY OCCURRED.		Port I or Port II of item 1B.)		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
MEDICAL	20c. TIME OF INJURY Month, Doy, Year		CE OF INJURY (Home, form		(County)	(State)
MED	Hour o.m.	While of work of work of work	ory, street, office bldg., etc.			
П	21 certify that (1) (this hasnital)	attended the deceased from	Wes #8 8.1	967 to DEC	11 . 1967, that () (we) las
	saw the deceased alive an DE	EC 11 1967, and that	t death accurred at	1/20PM, fram causes	and an the date sto	ited abave
	220. SIGNATURE	M	ATTENDING	MED. STAFF	22b. DATE SIGNED	
	John M. Ele	elle M.I		DIRECTOR PHYS.] Dec 16,6	67
	22c/ PHYSICIAN'S NAME (Type) JOHN M.	CULLER	22d. ADDRESS	OSH FREY	DERICKI	ND
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or To		(Stote)
	REMOVALISpecify)			Frederick, M		(31016)
_	Burial Dec. 14,19	ADDRESS Telle			EGISTRAR'S SIGNATURE	
24	M. R. Etchison &		17 .		Marla In	Eco.
	M. R. Etchison &	our, frederick, mo	DAIL DAIL	FC 1 / 1987	The Market Market	The said

		6.00		The state of
				Y MAY
				Marian Malan

/ 1 1	Items 18&21 Film 396 MARYLAND STATE DEPARTMENT OF HEALTH 12-28-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	16969 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1696	2
HEALTH DEPTE	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence a. STATE b. COUNTY	before odmissian)
delay is and 3 ta M3. Page thrent of	Frederick MARYLAND Maryland Fre	derick
	b. CITY OR TOWN (II autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (II autside carparate limits, write RURAL and give n	eorest town)
2, and PM3. PM3. P	write RURAL and give nearest tawn) Frederick 2 days Rural Mt.Airy	10-1
P P P P P P P P P P P P P P P P P P P	d. NAME OF HOSPITAL OR INSTITUTION (II not in haspitol, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
hin 24 hours after death. If any de neil in Item 18. Give Pages 1, 2, and niner's Office along with farm PM3. pages land2 with the State Departmers after death.	Frederick Memorial Hospital Rt 1 Mt Airy P.O., Md	YES NO
24 hours after death. in Item 18. Give Page. r's Office alang with fees 1 and 2 with the State offer death.	3. NAME OF First Middle Last 4. DATE Manth	Doy Year
de de	OF DECEASED (Type or print) Richard Carroll Dorsey DEATH December	10 19 67
fter Giv ang th	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER LY)	EAR IF UNDER 24 HRS
s at 18. ale wi th.	idst birmody) Manins D	Pays Haurs Min.
within 24 hours of pencil in Item 18 xaminer's Office of the pages land2 whavrs after death	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZI	EN OF WHAT
er o er	during most of working life, even if retired) INDUSTRY	ITRY?
er's (er's after	Taborer ******* Maryland U.	S.A.
within pencil xamine ile pag		
L with the Exam File 2 hau	Robert Norman Dorsey Carrie B. Loud	
ed in in III Ex	15. WAS DELEASED BYER IN U.S. ARMED FORCES? 16: SOCIAL SECURITY NO. 17. INPURMANT Address (Yes no or unknown) Iff sective war or dates of service)	
diccut him	Yes 4-62-4-63 213-40-2588 Carrie L. Dorsey Rt 1 Mt A	iry, Md
uld be executed ord "pending" in e Chief Medical E. I-transit permit. F	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
nsit	PART I. DEATH WAS CAUSED BY: Massive hepatic necrosis	ONSET AND DEATH
shauld be e ne word "per to the Chief ! burial-transit n any event v	455 X DUE TO	
e shau the wo to the burial in any	Conditions, if any, which gave) (b)	
he to to u	rise ta immediate cause (a), (DUIT TO	
ficate fing t rded as a and i	stating the underlying cause (c)	
tificand and a day	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	I 10 WAS ALITOPSY
INER: This certificate shauld be executed within 24 e certificate, writing the word "pending" in pencil in shauld be farwarded to the Chief Medical Examiner's files. 3 shauld be used as a burial-transit permit. File pages tian, or remayal, and in any event within 72 haurs after	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
his ate fee fee fee fee fee fee fee fee fee f	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)	YES NO
d b	PRIMARY 🗆 ar CONTRIBUTING 🗆	
INER: The certifice should be files. 3 should individual should item, or refilence.		
	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) (Count of work of work and work of work)	y) (Stote)
execute execute ar. Page yau.		and in my apinio
se exector. Pour Pour Pour Pour Pour Pour Pour Pour	death resulted ram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	and in my apinio
Se e ctal	CHIEF MEDICAL EXAMINER	
MEOTO please I directa retained DIREC	ACTUAL & A A A A A A A A A A A A A A A A A A	22. DATE SIGNE
Y all	SIGNATURE STANDARD TO STANDARD TO	0 .01-
O DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your D FUNERAL DIRECTOR: Page Health priar to burial, crema	EXAMINER'S NAME (Type) Robert J. Thomas Address (Street, city, tawn, or county Fred. Md	1,10,196
E fie f	230 RUPLAL CREMATION 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (G	aunty) (State)
ちっきゃらずり	PFMOVAI (Specify)	
	Burial 12-12-67 Dorsey Chapel Rural Mt.Airy I	NATURE
VR A15ME (5)	C.E. Hicks 111 Frederick, Maryland DATE DEC 12 1967 Actionle	Judge .
0111 17 07	I I . W. HICKS THE LIGHTITON MALLY TATE	VA

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Danks, Malassaff in a stable . . .

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16963 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Frederickon Maryland Frederick MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 50 Smithsburg RD Vrs. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Home Own NO TK NAME OF First Middle Last 4. DATE Year carban signed by the attending physician and campletely burial-transit permit. Then please remave carban DECEASED DRAPER FDGAR C. 1967 Dec. (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Hours 11-16-189/ white male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Contractors COUNTRY during most of working life, even if retired) Frederick Co. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaya Mary JaneWeddle Hanson C. Draper 17. INFORMANT Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. RDI (Yes, no ar unknawn) (If yes give war ar dates at service) 217-10-919LB Buelah E. Draper Smithsburg. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause the hospital ar attending as the this certificate has been WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? YES 🗌 NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Haur a.m. at work at wark O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from 1967, to 728-1967, and that death occurred at 350M, from couses and on the date stated above. saw the deceased alive and 22b. DATE SIGNED 22a. SIGNATURE STAFF DIRECTOR PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S Thurmont, Mar yland NAME (Type) Thomas A. Love 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) . (County) (State) 23a. BURIAL CREMATION. 23h. DATE THEREOF REMOVAL (Specify)
Burial Garfield Fred. ColMd. Garfield U.B. Cem 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** FUNERAL DIRECTOR Raymond 1967 DATE DEC 20 M 1/60

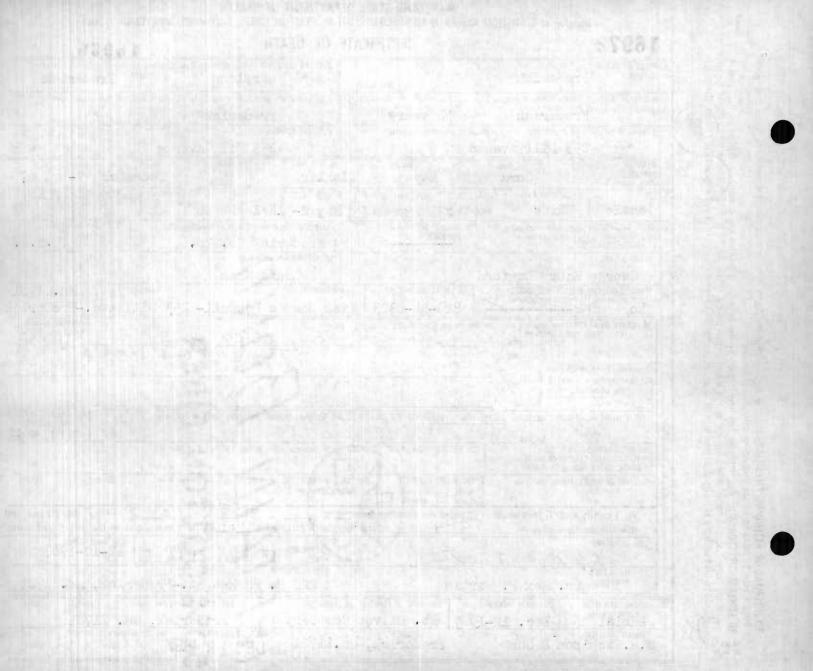
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 16964 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) delay is o. COUNTY Page MARYLAND b. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and PM3 and 2 with the State Depart IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Office along with farm GOR NO X HOSPITAL in Item 18. Give Pages 24 haurs after death. NAME OF Middle 4. DATE Month Doy Year DECEASED OF DEATH (Type or print) AGE (In yeors SEX 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours event within 72 hours after death. WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in pencil This certificate should be executed within File 16. SOCIAL SECURITY NO. rd "pending" in Chief Medical E (Yes, no, or unknown) (If yes give wor or dotes of service) E GORE CAUSE OF DEATH (Enter only one couse per INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) the certificate, writing the ward any Conditions, if ony, which gove rise to immediate couse (o) farwarded ta = DHE TO stoting the underlying couse 0 pup SD 19. WAS AUTOPSY PERFORMED? removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YES X NO pe 4 shauld be 20o. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld 0 AL EXAMINER: CAUSE OF DEATH. crematian, 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20d INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Doy, Year (octory, street, office bldg., etc.) Not While 5 may be retained far your TO FUNERAL DIRECTOR: Page ot work ot work please execute 21. I certify that I taak charge of the remains described above, held an Autapsyl Inspection Inquiry and in my opinian Accident A directar. Undetermined manner death resulted fram: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER priar to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health Address (Street, city, town, or county) NAME (Type) CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5 DATE DEC 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16972 CERTIFICATE OF DEATH death. executed within 24 haurs after death. filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Frederick Maryland b. COUNTY Frederick hin 72 hauts after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Frederick c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick vears e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Dill Avenue 253 Dill Avenue NO X and in any eventy-with NAME OF First Middle 4. DATE Month Lost Doy Year pau DECEASED May Eissler December 9-67 Cora 19 (Type or print) DEATH remaverar S SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED 96 ost birthdoy) Doys Hours Female White May 2- 1871 DIVORCED WIDOWED pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT The law requires that the death certificate be during most of working life, even if retired) COUNTRY? INDUSTRY physician Frederick Co. Md. U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar removal, Laura Wren George Emory Basford Md.21701 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Miss Bessie Boswell- 253 Dill Ave.-Frederick 220-44-0323 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b)- and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse FUNERAL DIRECTOR: After this certificate has been as the State Dept. of Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ar use NO DE YES 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) factory, street, office blda., etc.) Hour o.m. Not While 19 ot work ot work shauld be 1967, that (1) (we) last 21. 1 certify that (I) (this haspital) attended the deceased fram director, page 3 shauld spould be filed with the 19 67, and that death accurred at 9:30M, fram causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 12-10-1967 220. SIGNATURE ATTENDING co M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN' NAME (Type) 220 N. Market St.-Frederick, Md.21701 Dr. Rex R. Martin 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b. DATE THEREOF (County) 23o. BURIAL, CREMATION. REMOVAL (Specify) Mt. Olivet Cemetery Frederick, Md. 21701 Dec. 12-1967 0 24. FUNERAL DIRECTOR Flygod M.R. Etchison & Son 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Frederick, Md. DATE DEC 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16973 CERTIFICATE OF DEATH 16966 death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funeral 1 ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY b. COUNTY Frederick MARYLAND affe CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Since12-7-67 Sanford Rural-Braddock Hgts 21714 Frederick IS RESIDENCE ON A FARM? EE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Frederick Memorial Hospital YES NO F and in ony event, within NAME OF Middle 4. DATE First Last Year attending physician ond completely to sermit. Then please remove corbon DECEASED (Type or print) 24-December Faville Howard NMI DEATH B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 78st birthday) Haurs Nov. 5-1889 White Male WIDOWED DIVORCED IDo. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

Retired Pres 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT Savs & Loan Assin. COUNTRY? Gloversville- N.Y. U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, cremation, or removal, Not available Charles Faville WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na or unknawn) (If yes give war or dates af service) 267-16-44604 Louis W. Faville- Braddock Hgts.-Md.21714 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 may be retained by the hospital or attending physician. DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause os the with the Stote Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use CERTIFICATION NO TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City ar town) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) 2Dc. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) at wark attended the deceased from 12-118/67 21. I certify that (I) (this hospital) . 19 to 12-/24/67, 19 , that (1) (we) last and that death accurred at 1/159 M. fram causes and on the date stated above sow the deceosed alive on 22a. SIGNATURE, 22b. DATE SJGNED MED. DIRECTOR M.D. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) A.A. Pearre-Jr. 80h Toll House Ave.-Frederick, Md.21701 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, Frederick, Md. 21701 12-27-1967 Mt. Olivet Cemetery 25b. REGISTRAR'S SIGNATURE ADDRESS Whitmere M.R. Etchison & Son VR A15 (4) 25M 1/67 Frederick. Md-21701

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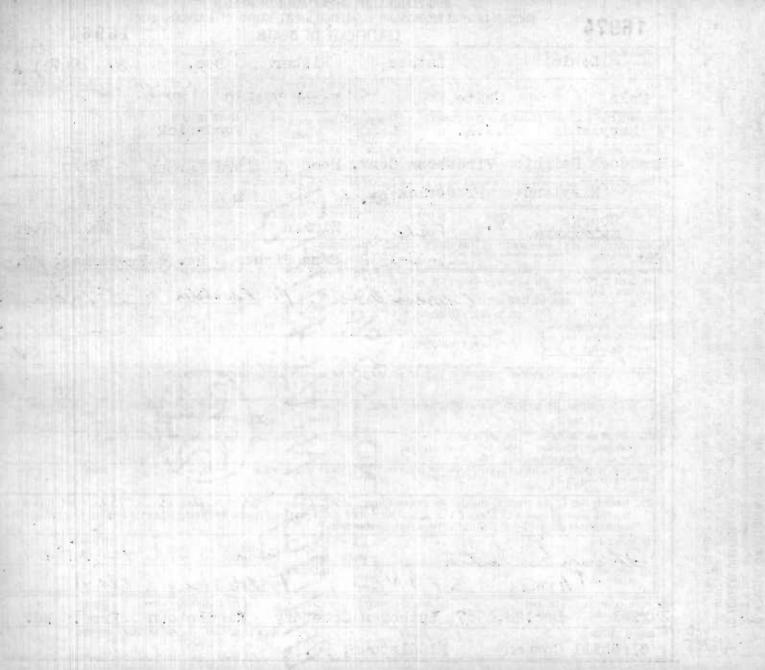
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death.	oneral 1 and 2 r death.	1. DI	CEASED-NAME Daniel	Middle Luther	lost Fishe	2g. DATE O			2b. HOUR
	the fone	3. SE	Male	4 RACE White	s. date of Birth March	7,1880			UNDER 24 HRS.
O hpdr	d in by pers. 72 haur	7o. I	IRTHPLACE (State or foreign try) Maryland	II C A	MARRIED MEVER MARRIED VIDOWED DIVORCED	1,122 0 0 0			Md
within 2	ely fille bon pa within	B:	TY OR TOWN OF DEATH caddock Heigl		onv. Home	120. USUAL OCCUPATION during most of working RECLIFED 1	alife, even if retired.)	12b. KIND OF 8U	SINESS OR
ecuted	ove car y event,			ndsb. countyFrederick F	Rt. 6	S□ NO 🙀	TREET AND NUMBER		
be ex	in and ise rem		ather's Name or Figie	Middle Last Fisher	15. MOTHER'S MAIDER			Delaug	hter
ertificate	physicic en plec aval, ar	16a.	10,	or or dotes of service) 217-28-13	17. INFORMANT Ble Enza F	isher F	Rt. 6 Fred	erick,	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	signed by the attending physician and completely filled in by the for signed by the attending physician and combon papers. Pages I burial, cremation, or remaval, and in any event, within 72 haurs after		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF		S la do		BETWEEN ONSET	AND DEATH
The law requires t	has been se as the h priar ta	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PERFOR	YES 🔲	NO-TE CAUSE	F YES, WERE FINDINGS CON ES OF DEATH?		IFYING
HYSICIAN:	for this certificate be detached for u	MEDICAL CER	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin 21d. INJURY OCCURRED While Not while	HOUR A.M. Month Doy Year ner) P.M. 19	21c. HOW INJURY OCCURR 21f. LOCATION Street or		ury in Part 1 or Part 2, Ite y ar Tawn	em 18.) Caunty	State
TENDING P			While Nat while 22a. I certify that (I) (the saw the deceased a causes stated abave	is hospital) attended the deceased f live on 196 e, (1) (we) (did) (did not) view the bad	from SAT 13 7, and that in (my) (ly after death.	_ , 19 <u>6</u>	Dec 25 , 19 Saccurred an the date), that (I e and haur an) (we) last d fram the
ITAL OR AT	RAL DIRECTOR: A page 3 should be filed with the		22d. PHYSICIAN'S NAME (Type)	yas STUN	DEGREE ATTENDING PHYS. 22e. ADDRESS	MED. DIRECTOR	CTAFF	ATE SIGNED - 25-	67
TO HOSPITAL (Co FUNE director	Bı	BURIAL, CREMATION, 23b. 1	DATE 23c. NAME OF CEMP c.28,1967 Luther	etery or crematory an Cemeter	y Middl			(State) Md •
Par I	VR A15 (4) 30M REV. 1148	24.	FUNERAL DIRECTOR Gladhill Cor	ADDRESS mpany Middlet	own. Md. DA	J. PECE BY REGISTRAR 1	96 25b. REGISTRAR'S S	SIGNATURE	Co



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

6975 CERTIFICATE OF DEATH 16968 death death requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY after Frederick MARYLAND Maryland Frederick b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) haurs Frederick Frederick Years e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS physician and campletely filled in 3h7 W. Patrick Street 347 W. Patrick Street NO DE YES 🗌 carban 3. NAME OF Middle 4. DATE Month First Lost Year DECEASED CHARLES FOX DEATH December 67 (Type or print) EDGAR SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8 DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED please remave lost birthdoy) Months Doys Hours April 5,1893 WIDOWED DIVORCED Male White 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) .= during most of working life, even if retired) Fort Detrick COUNTRY? Frederick County, Maryland

14. MOTHER'S MAIDEN NAME U.S.A. 13. FATHER'S NAME attending phys remaval Elizabeth Palmer Clayton Fox IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes nive war or dates of service) 212 24 3443 Mrs. Viola Fox (Same as item #2) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DISEASE CURONARY ARTERY IMMEDIATE CAUSE (o) DUE TO burial, c Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse the hospital ar attending as the TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION USe NO DE YES [far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Yeor Hour o.m. foctory, street, office bldg., etc.) Not While of wark ot work 19 (5, to_ , 19 67, that (1) (we) lost 21. I certify that (1) (this hospital) attended the deceased from_ 12 be retained shauld 15 1967, and that death accurred at 4 A M, from causes and on the date stated above saw the deceosed ofive on 12 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. Dec. 21, 1967 M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S director, pa shauld be f NAME (Type) Richard C. Reynolds. M.D. Toll House Ave. Frederick, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL, CREMATION, (County) (Stote) BUT 1 D c.24.1967 Rocky Springs Nr. Frederick, Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS To Alace 24. FUNERAL DIRECTOR Melianelas

M. R. Etchison & Son, Frederick, Maryland

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospitol or ottending physician.

To FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers raises i and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after deaths.

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death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

6976

CERTIFICATE OF DEATH

16969

1		PLACE OF DEATH a. COUNTY					2. USUAL RE	SIDENCE (V	Vhere decea	ised lived, if insti	tutian: Reside	nce befare adm	issian)
			Frederic			YLAND		Mary				ederick	
1	ŀ		f autside carparate limits give neagest tawn)	,	c. LENGTH OF STAY	IN Ib	c. CITY OR T	OWN (If au	tside carpor	ate limits, write	RURAL and gi	ve nearest tawr	1)
1		Fr	ederick		years				erick			1	
	(AL OR INSTITUTION (If no				d. STREET AL	DDRESS				e. IS R	A FARM?
4			ck Memorial					249	Dill	Avenue		YES [NO X
		NAME OF DECEASED (Type ar print)	Fir Ler		Middle Clizabeth	Ger	last rich		4. DATE OF DEATH		anth ecembe	Day	Year 1967
H	S. 5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D X B	DATE OF BIE	RTH	1115	9. AGE (In years			NDER 24 HRS.
	F	remale	White	WIDOWED	DIVORCE	J	une 23-	-1902		last birthday)		Days Hau	urs Min.
		. USUAL OCCUPATION	(Give kind af wark dane		ND OF BUSINESS OR DUSTRY		11. BIRTHPL	ACE (Caunty	& State, ar fo	areign cauntry)		ITIZEN OF WHA	ī
	R	etired C	lerk		Drape Sto	re	Hano	ver-	Pa.			_	I.S.A.
	13.	FATHER'S NAME					14. MOTHER	S MAIDEN I	AME				
		John K	eller Gerri	.ch			Ca:	rrie :	Irene	Carmacl	ς		
	1S.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates a		SOCIAL SECURITY NO.	17. It	FORMANT			· Ad	ldress	21	701
	(10	No	(ii fes give war ar dates a	_ 22	0-26-5901	Mar:	ion D.	Carm	ack-J	rRt.6	Frede		
		18. CAUSE OF DE	ATH (Enter anly ane cau	se per line for	(a), (b), and (t).)	0	(7		1/1 .0-		INTERVAL	BETWEEN
		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(a)	eretra	Na	scul	aro	cci	dent		3 ONSET AN	ans
		33/X	DUE	TO /	+ 1	1	-, D.	1 4	_ ,	11 5	0	- 10	1
		Canditians, if any, rise to immediate		(b) / (r	rescle	roly	1 Kyk	une	noing	Orsia	rel .	Syl	News,
Н		stating the under		10		1	N					1	
		last.		(c)			· · · · · · · · · · · · · · · · · · ·						
V	N	PART II. OTHER SIG	SNIFICANT CONDITIONS CO	ONTRIBUTING T	O DEATH BUT NOT RE	ATED TO T	HE TERMINAL I	DISEASE CON	IDITION GIV	EN IN PART 1(a)		19. WAS A	AUTOPSY ORMED?
£	Ĭ								3.5			YES	NO Se
	MEDICAL CERTIFICATION	20a. ACCIDENT WAS	UNDERLYING CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY O	CCURRED. (Enter nature o	of injury in	Part I ar Pa	rt II af item 1B.)			
	3		MEDICAL EXAMINER)					7100			in III		
7	200	20c. TIME OF INJU	RY Manth, Day, Year	20d. IN While	NJURY OCCURRED		E OF INJURY (ary, street, affic			(City ar lawn)	(C	aunty)	(State)
	×	p.n	10	at wark		lucio	A A	e Diag., etc.)		0		M	
			y that (1) (this has	pital) atten	ded the deceased	fram	wey		943	10 till			l) (we) las
		saw the de	ceased glive an	lec	5 19 67,	and that	death occ	urred at	040	M, fram cause			ited abave
		22a. SIGNATURE	Roy T	T) pris	M.D	ATTENDING PHYS.		MED. DIRECTOR	STAFF PHYS.	22b.	DATE SIGNED	167
1		22c. PKYSICIAN'S NAME (Type)	LeRoy T.	Davis			22d. AD		g F	rederic	c. Md.	21701	/
1	23a	. BURIAL, CREMATIO	N, 23b. DATE THE	REOF	23c. NAME OF CEM	ETERY OR C	REMATORY			OCATION (City or		(Caunty)	(State)
/		REMOVAL (Specify	12-8-19	67	Glade Ce	meter	rv		Wa 11	kersvill	le Md	21793	
1		. FUNERAL DIRECTO		CT.	ADDRESS 7	heto	nore		BY REGIST	RAR 2Sb.	REGISTRAR'S	SIGNATURE	
		M.R.Etc	hison & Son	n F	rederick,	Md.21	701	DATE DE	:C7	1967	files	reas you	ge.

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16978

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

16971

	_						
)		PLACE OF DEATH OF CHINTY Prederick					tion: Residence before odmission)
	_	CITY DR TDWN (If outside cor	porote limits.	MARYLAND c. LENGTH DF STAY IN 1b	o. STATE Maryland	utside corporote limits, write RU	
		Frederick	t tawn)	Days	Jeffers		10=1
	(. NAME OF HOSPITAL DR INSTIT	UTION (If not in haspital,	give street address)	d. STREET ADDRESS	511	e. IS RESIDENCE ON A FARM?
1	F	rederick Memor	ial Hospita	1	Jeffers	on	YES NO NO
)	1	IAME OF DECEASED Type or print) Ric	First hard	Middle W.	AWKER, Sr.	4. DATE Mon OF DEATH December	- 1
1.1	S. S				B. OATE OF BIRTH	9, AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
7	1	lale Whit	• WIDOWED	DIVORCED	May 23, 1906	6 61 yrs.	Months Doys Hours Min.
	10o.	USUAL OCCUPATION (Give kind of ng,most of working life, even if re Intenance Man	work done 10b. K	IND OF BUSINESS OR NDUSTRY OMAC Edison C	11. BIRTHPLACE (County	& Stote, or foreign country) n, Maryland	12. CITIZEN OF WHAT
	13.	FATHER'S NAME	ASSESSMENT OF THE SECOND		14. MOTHER'S MAIDEN	NAME	
		Joseph Ha			Mary Pea		
	15. (Ye	WAS DECEASED EVER IN U.S. ARM (If yes give w	or or dotes of service)		INFORMANT	Addr	
			No. other		auline Hawker	r, Jeffersom,	
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS					INTERVAL BETWEEN ONSET AND DEATH
			DIATE CAUSE (o)	euno horax			
		Conditions, if ony, which gove	DUE TO	re hover culm	- accide	1-	
		rise to immediate couse (o),		12.11004.000	- a cara		
		stoting the underlying couse last.		Min ati	CITE		
	2	PART II. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL OISEASE CO	NOITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
2	ATIO						YES NO
	CERTIFICATION	20o. ACCIDENT WAS UNCERLYING OR CONTRIBUTING ☐ CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAM	DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 1B.)	
	MEDICAL	20c. TIME OF INJURY Month, I Hour o.m. p.m.	Doy, Year 20d. I While of wor	Not While f	LACE OF INJURY (Home, form octory, street, office bldg., etc.		(County) (Stote)
		21. I certify that (4)	(this haspital) atten	ded the deceased fram.	1966_,1	19 ta_ Dic. 25	5 , 196), that (we) las
		saw the deceased al	ive an 12/25	(6) 19, and th	at death accurred at	933 PM, fram causes	and an the date stated abave
		220. SIGNATURE	Fin Ream	e. J.	M.O. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 12/25/6)
1		22c. PHYSICIAN'S NAME (Type)	Austin Pea	rre, Jr.M. D.	Toll Hops	se Ave.Frederi	ck, Maryland
1	230.	BURIAL, CREMATION, 23	b. DATE THEREOF	23c. NAME OF CEMETERY C		23d. LDCATIDN (City or To	own) (County) (State)
	0:		g. 29,1967	Lutheran Cem	etery	Jefferson,	Maryland
1/2	24.	FUNERAL DIRECTOR	bruell	M. ADDRESS Face		D BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE
H		M. R. Etchiso	n & Son. Fr	ederick. Marv	and DATE	~ 1040	the state of the s

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16979 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16972 FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY o. COUNTY o. STATE delay is and 3 to A3. Page Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b puo 2, c. PM3. Baltimore Frederick d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) in Item 18. Give Poges 1, 5011 Gwynn Oak Ave Frederick Memorial Hospital YES NO This certificate should be executed within 24 hours after death. 4. DATE NAME OF First Middle Month Office olang with Lost Year DECEASED E. Mollie Jones (Type or print) DEATH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In veors 7. MARRIED NEVER MARRIED lost birthdoy) 80 yrs. Months Dovs Hours within 72 hours ofter death WIDOWED X DIVORCED Oct. 12, 1887 Female White lond2 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired INDUSTRY St. Marys Co. Nursing Home own. the certificate, writing the word "pending" in pencil in 4 should be forwarded to the Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elizabeth Thomas E. Fenwick 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service John L. Fenwick 5011 Gwynn Oak Ave. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line (to), (b), and (c).) burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: in any event IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 0 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION QIVIN IN PART I(o) or removal, CERTIFICATION NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury, in Port 1 or Port 11 of item 18.) cremation, ·20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, steet, office bldg., etc.) Not While of work may be retained for your FUNERAL DIRECTOR: Page of work 12-10 please execute 21. I certify that I took charge of the remains described above, held an Autapsy Inquiry and in my apinian Inspection . Undetermined manner Accident 17 Suicide Homicide deoth resulted from: Notura causes CHIEF MEDICAL EXAMINER prior to 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** Robert Thomas Health Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) 50 REMOVAL (Specify) Ridge Friendship Meth. Cemt. Md. Burial 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Miarles VR A 15ME (6) 6500 York Rd. Mitchell-Wiefefeld Home 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

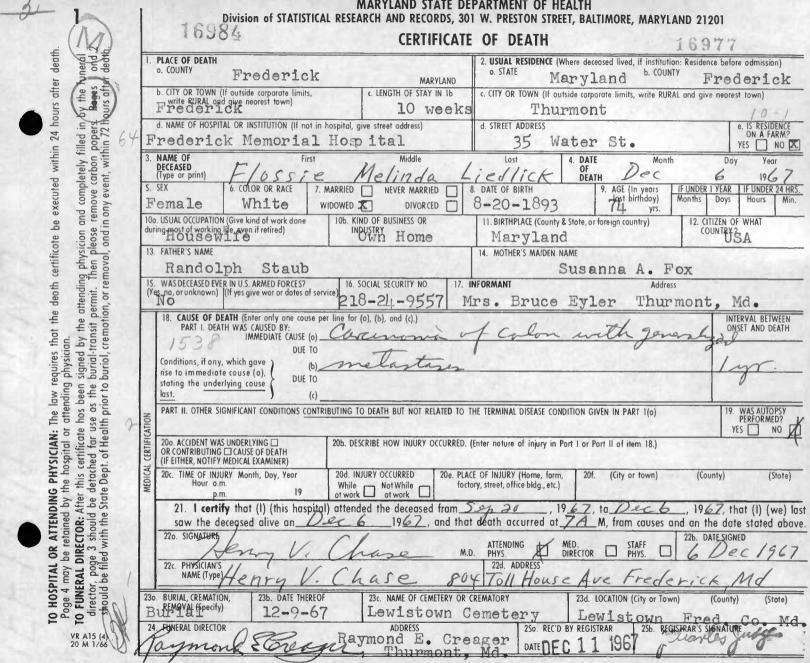
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16976 requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Frederick Frederick Maryland MARYLAND filled in by the 100 b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give peerest have rsville vears Rural- Mversville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ve corbon papers event, within /2 h Route # 2 (Wolfsville) Route # NO P 3. NAME OF DATE Dov Yeor remove corbon the attending physician ond completely sit permit. Then pleose remove corbon DECEASED 1967 Eunice M. Wilev Lewis December 1 DEATH 8. DATE OF BIRTH 9. AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) July 23,1893 white female WIDOWED K 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR during most of working life, even if retired) own home Philadelphia. Pa. Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removol, Clara O. Vreenland Robert C. Wiley 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service Earl Carter, Myersville, Md. Rt.# 2 no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
COMPARY OCC burial-transit ONSET AND DEATH Coronary occlusion nstant IMMEDIATE CAUSE (o) DUF TO Arteriosclerotic cardiovascular disease Conditions, if ony, which gove 10 years rise to immediate couse (o), DUE TO stoting the underlying couse by the hospital or ottending FUNERAL DIRECTOR: After this certificate hos been Diabetes mellitus 13 years WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Df. (City or town) (Stote) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Dov. Yeor foctory, street, office bldg., etc.) Not While ot work . 1954 to 12-1 , 1967 , that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 9-11 Page 4 moy be retained 8-28- 19 67, and that death occurred at 5:30a, from causes and on the date stated obave. saw the deceased alive an_ 22b. DATE SIGNED 220. SIGNATURE ATTENDING director, poge 3 should be filed v M.D. DIRECTOR 12-2-67 PHYS 22d. ADDRESS 22c. PHYSICIAN'S Charles F. Hess. M.D. NAME (Type) Smithsburg, Maryland 21783 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) United Brethern Wolfsville, Fred.Co.Md. Dec. 4.1967 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR DATE DEC Bittle Myersville Md

MARYLAND STATE DEPARTMENT OF HEALTH

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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	16985 CERTIFICATE OF DEATH 16978
n 24 hours after death. Illed in by the tweeta papers, Pages Fand in 22 hours after death.	1. PLACE OF DEATH O. COUNTY D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street odd/ess) 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) O. STATE MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. STREET ADDRESS O. STATE MARYLAND O. STATE O. STATE MARYLAND O. STATE
ite be executed within 24 h	3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED DIVORCED D
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16986 CERTIFICATE OF DEATH ofter deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outlide corporate limits, write RURAL and give write RURAL and give negrest tawn) event, within 72 hours NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress IS RESIDENCE ON A FARM? d. STREET ADDRESS dod NO X YES requires that the death certificate be executed within remove corbon NAME OF Middle 4. DATE Year Doy the offending physician and completely sit permit. Then please remove corban OF DEATH DECEASED (Type or print) SEX IF UNDER 1 YEAR AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours ond in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? MOTHER'S MAIDEN NAME or removol, 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service buriol, cremation. CAUSE OF DEATH (Enter only one cause per line for (a), and (c).) INTERVAL BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH by IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or ottending physician, DUE TO signed l Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse this certificate has been detached for use os the Stote Dept. of Health prior to lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Doy, Yeor (City or town) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While 19 at work ot work pe 21. I certify that (1) (this hospital) attended the deceased fram. 3 should I with the S 19 6 7, and that death accurred at 2:30 PM, fram causes and an the date stated above. saw the deceased alive an TO FUNERAL DIRECTOR: 220. SIGNATURE 22b. DATE SIGNED STAFF M.D. DIRECTOR director, page Should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) ADDRESS 2So, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institution: Residence before edmission) e. COUNTY Frederick b. COUNTY Mary land MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest town Frederick Braddock Heights d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 227 East 5th Street Vindobona Convalescent Home papers. 3. NAME OF 4. DATE DECEASED MARY CAROLINE MASK (Type or print) carbon pa DEATH December 29. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR Female White March 3, 1879 WIDOWED TO DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foraign country) dona during most of working life, even if ratired)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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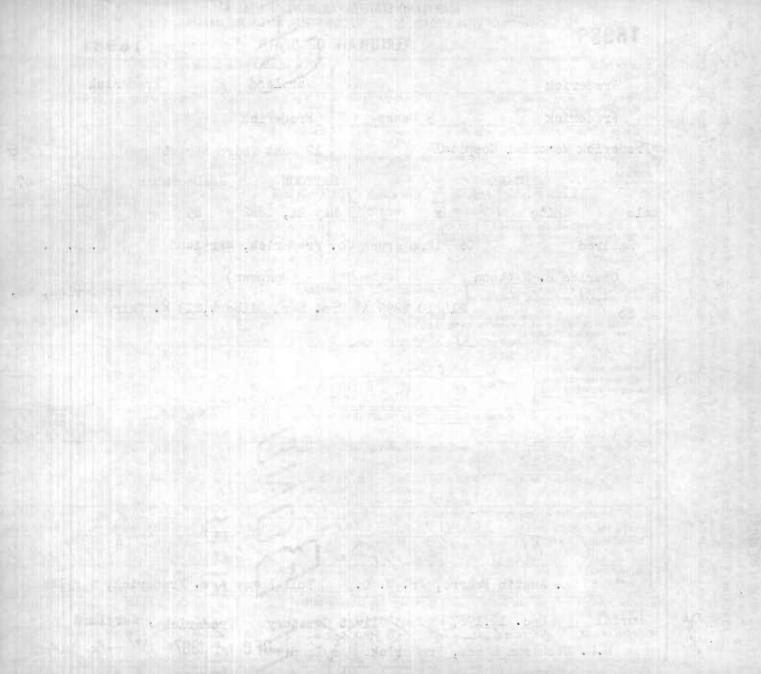
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16989 MEDICAL EXAMINER'S CERTIFICATE FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH deloy 1. o. COUNTY TEXAS. Frederick Page of MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) 2, ond P.M3. Route # 2 none e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS form Buffalo in Item 18. Give Pages 1, DOA Frederick Memorial Hospital NO X executed within 24 hours after deoth. Office along with NAME OF Middle First 4. DATE Month Lost Day Year DECEASED (Type or print) ond 2 with the MORRIS RICHARD McCEIG 200 196 DEATH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED X NEVER MARRIED Months Jost birthdoy) Days Hours White Male June 18, 1936 hours ofter deoth WIDOWED DIVORCED 11. BIRTHPLACE (Stote or foreign country) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired.
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M. R. Etchison & Son. Frederick. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16991 16984 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Frederick o. STATE b. COUNTY MARYLAND delay b. CITY OR TOWN (If autside carparate limits, c. LENGTH DF STAY IN 1b c. CITY DR TDWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Washington, D.C. Frederick d. NAME OF HDSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 1954 Columbia "d. Frederick Memorial Hospital YES NO in Item 18. Give Pages 24 haurs after death. Sto Office alang with NAME OF Middle Last 4. DATE First Manth Year DECEASED Pamela Morrison Dec. 31, 1967 Joan (Type or print) 19 IF UNDER 24 HRS. NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED last birthday) Manths female white Hours 72 haurs after death. 23/45 WIDOWED DIVORCED 10a. USUAŁ OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Clerk-New Zealand Embassy New Zealand New Zealand Examiner's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Peter Morrison Una R. Har vey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Washington. Chief Medicol (Yes, no, or unknown) (If yes give war ar dates of service event within A.R. Wood-19 Observatory Circle N 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. OEATH WAS CAUSED 8Y ONSET AND OFATH ONGESTIUE IMMEDIATE CAUSE (a) This certificate should writing the ward DUF TO any FRACTURE Rib Conditions, if ony, which gove rise ta immediate cause (a), farwarded ta .⊆ DUE TO stating the underlying cause and OS 19. WAS AUTDPSY PERFORMED? remayal, PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO V please execute the certificate, YES pe 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld shauld Ы PRIMARY OF CONTRIBUTING CAUSE OF DEATH. ACCIDENT crematian, 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED 2 (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Nat While X factory, street, office bldg., etc.) YOUR FUNERAL DIRECTOR: Page FREDOERICIC 21. I certify that I taak charge af the remains described abave, held an Autapsy Inspection [Inquiry TO. and in my apinian Accident X death resulted fram: Suicide Hamicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER prior to 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** J. Thomas 5 may 170 FUNER Health Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)
cremation Ft. Lincoln Crematory Prince Georges County Hines Combany D.C. Washington, D.C. Clinica III VR A 15ME (5) 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16993 16986 4 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Frederick o. STATE b. COUNTY Page Virginia Loudoun MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and PM3 Purcellville 2 weeks Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? in Item 18. Give Pages 1, Office along with farm 10 "J" Street - Box 821 Frederick Memorial Hospital YES NO IX and 2 with the State be executed within 24 haurs after death. NAME OF 4 DATE First Lost Year DECEASED OF DEATH ORRISON FRANCES LUCILLE 20, 1967 Dec. Type or print) IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours May 5. 72 haurs after death. White WIDOWED DIVORCED XX Female 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

Checker & Presser INDUSTRY COUNTRY? Virginia USA the Chief Medical Examiner's Laundry 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Cooper Lorena Pearson 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 225-46-4266 Donald Orrison Berryville, Va. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH any event IMMEDIATE CAUSE (o) e, writing the ward farwarded ta the C This certificate shauld DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPSY PERFORMED? remayal, NO 4 shauld be 20o. EXTERNAL CAUSE WAS PRIMAR I ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 3 shauld ar CAUSE OF DEATH crematian, (County) 20c. TIME OF INJURY Month, Doy, Year (factory street, office bldg., etc.) While at work Not While at work may be refained for your FUNERAL DIRECTOR: Page 21. I certify that I took charge of the remains described above, held on Autopsy Inspection [Inquiry ond in my opinion deoth resulted from: Notural causes . Accident Suicide Undetermined monner Homicide funeral directar. CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health priar DEPUTY MEDICAL EXAMINER Robert J. Thomas Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City or Town) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) Union Cemetery Lovettsville Va. Loud. 250. MED BY RIGHTRAN 967 256. REGISTRANS, SIGNATURE FUNERAL DIRECTOR VR A15ME (5) 6M 1/67 DATE

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MAKTLAND STATE DEPARTMENT OF HEALTH

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16995 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 6988 HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH a. COUNTY b. COUNTY o. STATE Frederick MARYLAND Favette c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) P.M.3 Erownsville art Frederick d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e. IS RESIDENC ON A FARM? in pencil in Item 18. Give Pages, 13 Highway - scene of accident NO W 222 Union St This certificate should be executed within 24 haurs after death. alang with NAME OF First Middle 4 DATE Doy Year DECEASED (Type or print) Thomas Raleigh DEATH DOC. 4. 1967 19 21 (In years S SEX NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED Months Male Davs Hours White Nov. 28. 1946 hours after death. WIDOWED DIVORCED 11. BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY Uniontown, Pa. the Chief Medical Examiner's 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME File James Raleigh Sophia Kotarba WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. (Yes, no, ar unknown) (If yes give war or dates of service) within 168-34-6303 U.S. Navy Records INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: event IMMEDIATE CAUSE (o) writing the ward DUF TO any Conditions, if any, which gave rise ta immediate cause (a). farwarded ta 2 DUE TO stating the underlying cause 0 and 0.0 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ar remaval, YES T NO please execute the certificate, 4 should be 20a. EXTERNAL CAUSE WAS PRIMARY 2 or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature af 30jury in Bart I ar Part II af item 18.) 3 shauld MEDICAL EXAMINER: CAUSE OF DEATH. crematian, 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) TIME OF INJURY Manth, Day, Year 5 may be retained for your in TO FUNERAL DIRECTOR: Page 3 Health prior to burial, crematic Not While factory, styret, office bldg., etc.) ot work 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection | Inquiry and in my opinian director. death resulted fram: Accident X Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER funeral DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, tawn, ar caunty) NAME (Type) 23d LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23o. BURIAL CREMATION Burial (Specify) Redstone Township, Pa 12-7-57 St. Peteris 250. REC'D BY REGISTRAR 2Sb. 24. FUNERAL DIRECTOR VR A15ME (5) 1967 Frederick, Md. Salamone Funeral Home 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

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	Item 18&Film 396 1-8-68 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	16996 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16989	
HEALTH DEPK	1. PLACE OF DEATH o. COUNTY Frederick MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission b. COUNTY Frederick)
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

6997 CERTIFICATE OF DEATH

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S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AC	GE (In years	IF UNDER		IF UNDER	-
Male	White	WIDOWED	DIVORCED	9-13-1883	84	ist birthdoy) yrs.	Manths	Days	Hours	Min.
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13. FATHER'S NAME				14. MOTHER'S MAIDEN						
Olin	W. Rice			Emma E	Rice					
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO. A 17.	INFORMANT		Addre	ess			
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DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. The shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, with [n 724]. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

**O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16999 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death unero puo deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Frederick b. COUNTY a. STATE Maryland Frederick MARYLAND b. CITY OR TOWN (If outside carporate limits, ours aft c. LENGTH OF STAY IN 16 c. CtTY OR TOWN (If autside carparate limits, write RURAL and give neorest town) Middletown vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STRFFT ADDRESS IS RESIDENCE ON A FARM? ban papers within 72 (0 NO 50 Middle remove corban 3. NAME OF First Lost 4. DATE Month Day Year DECEASED Wilson 1967 Roberson 12 Leon 9 (Type or print) DEATH S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7 MARRIED X NEVER MARRIED Lost birthday) Manths Days Hours white 1/17/1915 male DIVORCED cremotion, or removal, and in any WIDOWED puo 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or foreign country) 12. CITIZEN OF WHAT physicion o during mast of warking life, even if retired) (NDUSJRY COUNTRY? furnitur Montgomery, Md. U.S. salesman retal 14 MOTHER'S MAIDEN NAMI 13. FATHER'S NAME attending phys Charles O. Roberson Vada Knill 1s. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates of service) 217-10-9228 Mrs. Ruth Roberson, Middletown, Md. yes INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY **IMMEDIATE CAUSE (o)** Page 4 may be retained by the hospital or ottending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause this certificate has been be detached for use as the State Dept. of Health priar to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES [10 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Hame, farm, (State) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (Caunty) Haur a.m. factory, street, affice bldg., etc.) Not While at wark **DIRECTOR:** After 1997, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 19/0 and that death accurred at 200 M. fram causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22o. SIGNATURE 12/9/67 M.D. DIRECTOR PHYS director, poge . 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) Dr. Talbott Jefferson, Md. 23h DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, burial (Specify) Middletown, Fredk. Md. 12/12/67 Reformed Cemetery 9 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Charles 196 VR A15 (4) 25M 1/67 Company, Middletown, Md. Gladhill

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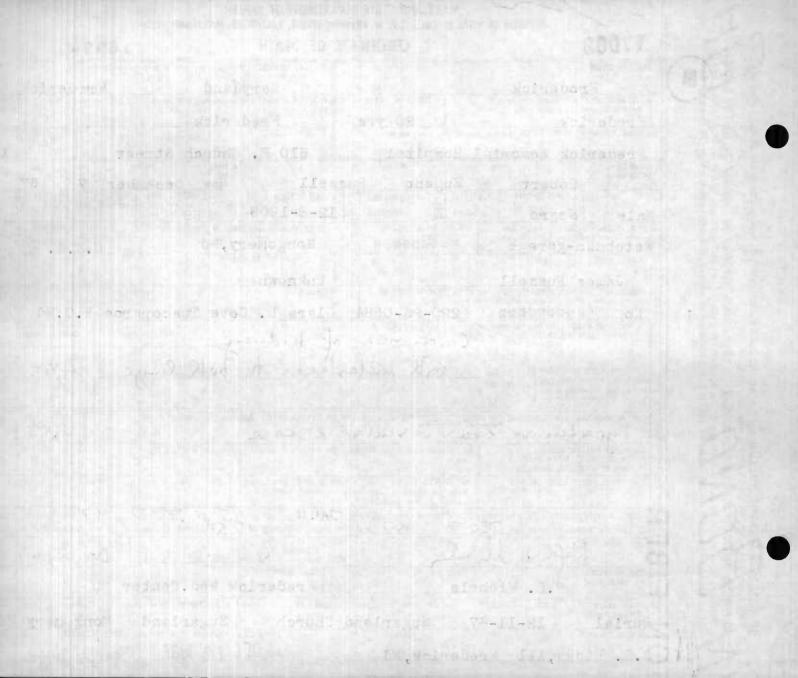
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17001 CERTIFICATE OF DEATH 16993 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Frederick Frederick Malyland MARYLAND event, within 72-bours after b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carban papers. Page The BURAL and give nearest town) days Route 2 Middletown IS RESIDENCE ON A FARM? ES A NO d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Frederick Memorial Hospital YES NAME OF Middle 4. DATE First Manth Day Year DECEASED (Type or print) HOUTZAHN DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. SEX DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** May 24,1895 White most birthday) Days Haurs Female and in any WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) OWNEUSTROME GUNTSY? A Maryland Fred. Co. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remayal, Unknown Annie Leatherman 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yerrog, ar unknawn) (If yes give war ar dates af service Rt.2 Middletown, Md. Roy E. Routzahn crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH HEMORRHAGE EREBRAL IMMEDIATE CAUSE (a) DUE TO burial, Canditians, if any, which gave ARTERIOSCLEROTIC rise ta immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending has been prior ta far use as the CAADIOVASCULAR SEASE last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION director, page 3 shauld be detached far use shauld be filed with the State Dept, af Health NO TO FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) 20d. INJURY OCCURRED (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour a.m factory, street, affice bldg., etc.) Nat While , 1960, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram_ 19 60, ta. 12 19 62, and that death accurred at 300 AM, fram causes and an the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS Frederick, Maryland NAME (Type Richard C. Reynolds M.D. 23b. DATE THEREOF Dec. 24, 1967 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) BREMOVAL (Specify) Lutheran Cemetery Middletown Md. Fred. 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Middletown, Md. Gladhill Co.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17002 CERTIFICATE OF DEATH 16994 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) dea o. COUNTY o. STATE b. COUNTY Frederick MARYLAND Maryland Frederick b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 20 yrs Frederick Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Frederick Memorial Hospital 610 E. Church Street YES NO B 3. NAME OF 4. DATE carbon Lost Year Doy DECEASED (Type or pnnt) OF DEATH Eugene Russell 1967 and in any event, Robert December IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years NEVER MARRIED 7. MARRIED lost birthdoy) Months Doys Hours WIDOWED X 12-8-1908 DIVORCED Male Negro 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Watchman-garage 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Mongomery. Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, James Russell Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Clara L. Dove Tuscoraroa P.O.Md **** 220-26-0584 burial, crematian, INTERVAL BETWEEN signed by the c burial-transit p 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending last PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? cardy vescular disease YES 🔀 NO certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Yeor (County) (Stote) Not While Hour o.m. foctory, street, office bldg., etc.) of work 21. I certify that (1) (this haspital) attended the deceased fram DAU12 7 , 1967, that (I) (we) last , 1965 ,50 DEC director, page 3 shaped should be filed with the 7 1967, and that death accurred at 7 53M, fram causes and an the date stated above. saw the deceased alive an DEC FUNERAL DIRECTOR: 22b., DATE SIGNED 220. SIGNATURE / ATTENDING MED. DIRECTOR Dec. 8 M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Frederick Med.Center R.L. Michels 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) Burial (Specify) Sugarland Church h Sugarland
250. REC'D BY REGISTRAR | 25b. R Mongomery Mo 12-11-67 0 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 DATE DEC 1967 .E. Hicks. 111 Frederick. Md



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17003 CERTIFICATE OF DEATH 16995 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Frederick MARYLAND Maryland Frederick
c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Frederick b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b Wz New Market Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? dod within New Market P.O YES NO X Frederick Memorial carban 3. NAME OF DECEASED Middle First 4. DATE Month Doy Year Violet Edith Sewell (Type or print) December ber 2 IF UNDER 1 YEAR 1967 DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years last birthday) IF UNDER 24 HRS. 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED Manths Days Hours and in any WIDOWED DIVORCED Female Negro 3-4-1895 and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, ar foreign country) 12. CITIZEN OF WHAT physician a during most of working life, even if retired) **INDUSTRY** COUNTRY? Houswife U.S.A. 26-36-36-36 Frederick Co Md 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME removal, Hezikiah Crampton Ella Spriggs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give wor ar dotes of service) D Howard R. Sewell New Market Md No **** None crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Acute Lymphatic Leukemia IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if ony, which gove rise to immediate cause (o), DUE TO stating the underlying cause O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending as the has been prior to lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? of Health ficate NO YES [far 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH this certi (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Doy, Year Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City ar tawn) (County) (State) foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (1) (this haspital) attended the deceased from November saw the deceased alive an DEC 3 1967, and that death occurrence. 1967, that (1) (see) last 19505 1967, and that death occurred at 20 PM, fram causes and an the date stated above. saw the deceased alive an_DEC FUNERAL DIRECTOR: 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M M.D. PHYS director, page 3 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type Gilcin F. Meadors 812 Toll House Ave Frederick, Md 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23d. LOCATION (City or Town) (County) (Stote) Burial Simpson Church
ADDRESS 9 12-5-67 Cem New Market Fred Md 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1961 C.E. Hicks. 111 Frederick, Md

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 6996 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY Frederick o. STATE b. COUNTY Maryland Frederick MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, Paga write RURAL ond give neorest town the death certificate be executed within 24 hours Frederick 21701 Life Frederick e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS campletely filled in attending physician una varieties paper nermit. Then please remave carban paper Frederick Memorial Hospital 111 East Patrick Street YES NO X 3. NAME OF Middle 4. DATE First Dov Year DECEASED MARCUS WILLIAM SIMMONS December 3. 1967 DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6 ost birthdoy) Months Doys Hours 11 Oct 1905 Male White WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Owner & Operator-Marcus Cleaners COUNTRY? Frederick, Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Nettie C. Mathias William L. Simmons 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 214-34-0667 Mrs. Louise A. Simmons (Same as item #2) crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO burial, Conditions, if ony, which gove rise to immediate couse (o). DUF TO stoting the underlying couse detached far use as the te Dept. af Health prior ta PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT-RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER be detached State Dept. c (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour o.m. Not While foctory, street, office bldg., etc.) 19 ot work ot work 19 62 ta Dec. 3, 19 67, that (1) (we) last shauld director, page 3 shauld shauld be filed with the sow the deceased alive on_ 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR ATTENDING 4 Dec 1967 M.D. PHYS. 21701 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Richard C. Reynolds, M. D. 804 Toll House Ave., Frederick, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION, BUTTAL (Specify) 21701 12/6/67 Mount Olivet Cemetery Frederick, Md. 0 ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE DEC 5 196 VR A15 M. R. Etchison & Son, Frederick, Md. 21701 20 M 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17006 CERTIFICATE OF DEATH the death certificate be executed within 24 hours after death. funeral ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Frederick Maryland Frederick MARYLAND age b. CITY OR TOWN (If outside carparate limits, c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b write RURAL and give negrest town)

Frederick Rural - Adamstown week IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS poper Frederick Memorial Hospital Route 1 YFS NO D NAME OF Middle First 4. DATE Month Lost Doy Year completely pleose remove corbo DECEASED mith OF Charles McElfresh event, 19 DEATH SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 30 DATE OF BIRTH AGE (In years NEVER MARRIED birthdoy) Months Hours Dovs March 17-1897 Male White ond in ony WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Highway Engineer State Roads U.S.A. Montgomery Co. Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, or removal, Rachel Eleanor McElfresh Charles Henry Smith 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANTMrs.Kathryn T. 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give wor ar dotes of service 558-38-2333 Rd#R##### Smith- Rt.7-Frederick, Md. Yes WWar 1 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). signed by the burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY The law requires that IMMEDIATE CAUSE (a) DUF TO burial, Conditions, if ony, which gove (b) rise to immediate couse (a) DUF TO stating the underlying cause for use as the lifted Health priar to k Poge 4 moy be retoined by the hospital or ottending hos been lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? CERTIFICATION director, page 3 should be detached for use should be filed with the State Dept. of Health NO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot work ot work , 1967, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 1/67, 1 , 1961, to Dec. 24 De. 23 _____1967, and that death accurred at @:65AM, fram causes and an the date stated above. saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED. ATTENDING M.D. PHYS DIRECTOR PHYS. 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) eder 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) Frederick- Md. 21701 Mt. Olivet Cemetery 12-27-1967 250. REC'D BY REGISTRAP 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4 M.R.Etchison & Frederick, Md.21701 20 M 1/66

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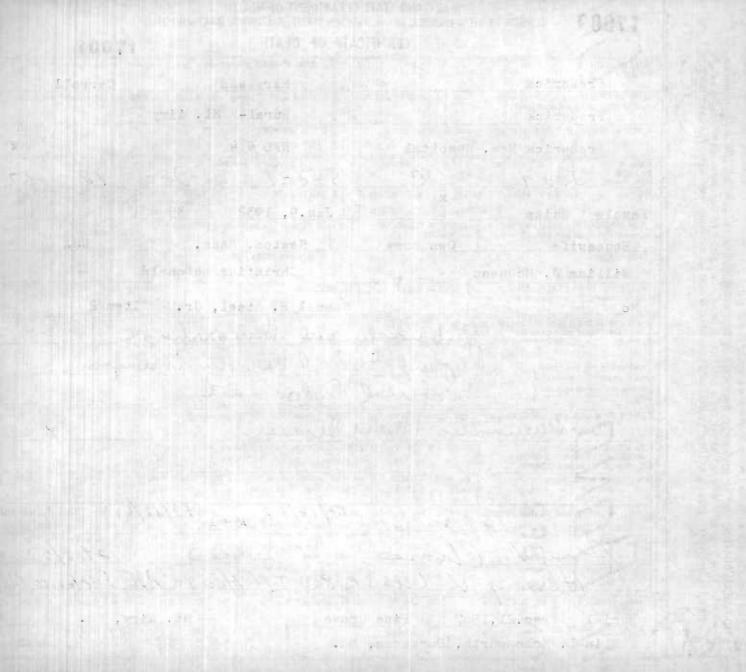
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17007 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 6999 HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY Frederick b. COUNTY Maryland Frederick MARYLAND b. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) $\mathbf{Frederick}$ c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 423 East Patrick Street d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS DOA Frederick Memorial Hospital Frederick. Maryland NO.X in Item 18. Give Poges be executed within 24 hours ofter deoth. 3. NAME OF 4. DATE Lost Month Year First Doy DECEASED (Type or print) **GEORGE** THOMAS SMITHER 28. 19 67 December DEATH Office olong IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years S. SEX 7. MARRIED NEVER MARRIED 6 dost birthday) Months Aug. 6, 1905 White Male WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work dane 12. CITIZEN OF WHAT NAMITERY GOUSTRYA. durage Republicant was a subject to the subject of event within 72 hours ofter Baltimore. Maryland Medical Examiner's in pencil i 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma Kolher George R. Smither 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes no, or unknown) (If yes give wor or dotes af service 219-28-4256 Mrs. Mary T. Smither 423 E. Pat. St. Fred. Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY burial-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) This certificate should the certificate, writing the word DUE TO ony Canditions, if any, which gave (b) rise to immediate couse (a), forworded to __ DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) or removol, NO pe 4 should be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 should PRIMARY I or CONTRIBUTING I AL EXAMINER: CAUSE OF DEATH cremotion, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) 5 moy be retained for your O FUNERAL DIRECTOR: Page Not While of work 21. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian Inspection Inquiry Natural causes Accident Suicide Undetermined manner death resulted from: Hamicide funerol director. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior SIGNATURE DEPUTY MEDICAL EXAMINER ' **EXAMINER'S** Dr. Robert Address (Street, city, town, or county) 12-29-196 NAME (Type) Thomas 23o. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify)
Burial Mount Olivet Cemetery Frederick, Maryland T=2-1968ADDRESS 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S 24 FUNERAL PIRECTO VR A15ME 6M 1/67 Robert E. Dailev & Son Frederick. Md.

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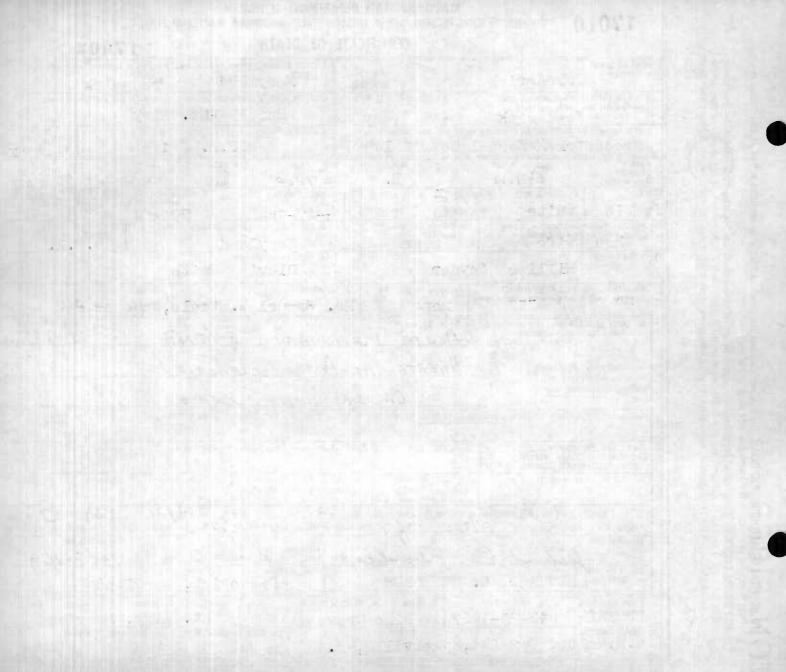
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17008 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 7 (3 6) 6) HEALTH DEPI PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY and 3 to o. STATE b. COUNTY Frederick Frederick Marylaxnd MARYLAND c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Rural Frederick Rural Frederick vears d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Route # 2 Route # 2 YES X NO This certificate should be executed within 24 hours ofter death 3. NAME OF First Middle DATE Month Lost Oav Year DECEASED HARRY STALEY December 25. (Type or print) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNOER 1 YEAR IF UNDER 24 HRS 7. MARRIEO NEVER MARRIEO Months March 12, 1905 XXXXXMale | White event within 72 hours after death. WIDOWED X DIVORCEO 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR 12. CITIZEN OF WHAT Nore Frederick County, Md. the Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME Edith Alvesta Smith Charles Ezra Stalev 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yeypo, or unknown) (If yes give wor or dates af service 220-26-2377 Mr. Larry B. Staley 436 Center St. Fred. Md. 1B. CAUSE OF DEATH (Enter only one couse per line-for (o), (b), PART I. OEATH WAS CAUSED BY: INTERVAL BETWEEN ampinale ONSET AND DEATH IMMEDIATE CAUSE (o) certificate, writing the word DUE TO in ony Conditions, if ony, which gove (b) rise to immediate couse (o), 4 shauld be forworded to DUE TO stoting the underlying couse WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMEO? YES NO. NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURREO. (Enter noture of injury in Port I or Port II of item 1B.) 3 should 0 PRIMARY Or CONTRIBUTING CAUSE OF OEATH. cremotion, (City or town) 20c. TIME OF INJURY Month, Ooy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (State) Not While foctory, street, office bldg., etc.) While of work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection . Inquiry and in my apinian Natural causes Accident Suicide Hamicide Undetermined manner death resulted fram: CHIEF MEOICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER OEPUTY MFDICAL EXAMINER Address (Street, city, town, or anderick, Md. 2-25-6 EXAMINER'S Robert J. Twomas M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 23o. BURIAL, CREMATION, (County) (Stote) OATE THEREOF 9 Bur 12 (Specify) 12-28-1967 Mount Olivet Cemetery Frederick. Maryland 2Sb. REGISTRAR'S SIGNATURE AODRESS 2So. REC'D BY REGISTRAR VR A15ME 5 Dailey & Son Frederick. Marylandage

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland a. COUNTY b. COUNTY Frederick PHYSICIAN: The law requires that the death certificate be executed within 24 hours after MARYLAND Carroll b. CITY OR TOWN (If autside carparate limits. c. LENGTH DF STAY IN 1b c. CITY DR TDWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Mt. Airy Frederick Ruralfilled in e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS event, within 7 RFD # Frederick Mem. Hospital YES NO K 3. NAME OF First Middle Last 4 DATE Month Yeor Day DECEASED Jean (Type ar print) 19 DEATH S. SEX 6. COLOR OR RACE 8. DATE DF BIRTH AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Manths Days and in any WIDOWED DIVORCED Jan.9, 1932 White Female 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (Caunty & State, or foreign cauntry) during most of working life, even if retired) COUNTRY? INDUSTRY physician Housewife Newton. Mass. USA Own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, attending phys permit. Then p Christine McDonald William J. McQueen 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. Samuel R. Steel, Jr. Item 2 No INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a) signed by **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. FINER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO certificate far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) foctory, street, affice bldg., etc.) Nat While ot wark at wark 2,19 21. I certify that (I) (this hospital) attended the deceased from [2] 7 19____, that (1) (we) last 19/2, and that death accurred at/0 40AM, from causes and on the date stated abave. saw the deceased alive an 22o. SIGNATUR 22b. DATE SIGNED DIRECTOR M.D. PHYS director, page 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify)
Burial Dec.21,1967 Pine Grove Mt. Airy, Md. 9 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Olin L. Molesworth, Damascus, Md.



MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17004 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Frederick b. COUNTY Frederick MARYLAND Maryland b. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town)

Frederick c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Frederick davs d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS 300 Fairview Avenue Frederick Memorial Hospital YES NO TO and in any event, within The law requires that the death certificate be executed within and completely (fi 3. NAME OF Middle 4 DATE Doy Year DECEASED Giles DECEMBER 22 TANNER (Type or print) DEATH S. SEX DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 74 (in years Doys Hours Nov. 30. 1893 White Male WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind af work done during most of working life, even if retired)
U.S. Army Ret. 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY Atchison. Kansas None 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remaval, Frank William Tanner Harriet Williams 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Fred. (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Lydia I. Tanner 300 Fairview Ave. Md. 221-09-0754 burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH CEREBRAL INFARCTIONS EALED IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove MYUPARDIAL INFARCTION rise to immediate couse (o), DUE TO stating the underlying couse last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO IMPHOMA 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Home, form, (County) (Stote) Hour 'o.m. factory, street, office blda., etc.) 19_67that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from FUNERAL DIRECTOR: AF director, page 3 should should be filed with the saw the deceased alive an 11/22 220. SIGNATURE 22b. DATE SIGNED M.D. PHYS 22d. ADDRESS NAME (Type) Dr. Richard C. Reynolds M.D. Toll House Avenue Frederick. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify)
Cremation 25b. REGISTRAR'S SIGNATURE Washington. Cedar Hill Crematorium | Wasni 12<23-1967 Dailen & Son Frederick, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17013 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17005 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COLINTY o. STATE b. COUNTY Frederick MARYLAND Maryland Frederick b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Frederick Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS 64 NO x Frederick Memorial Hospital 108 Carver Apts. This certificate should be executed within 24 hours ofter death. GiverPog 3. NAME OF Middle Lost 4. DATE Month Doy Year DECEASED McKinley Dec. 27. Ernest Turner 19 67 (Type or print) DEATH Office olong S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs in Item 18. Hours WIDOWED DIVORCED Nearo Oct. 6, 1922 Male 45 ond 2 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT INDUSTRY U.S.A Maryland

14. MOTHER'S MAIDEN NAME Laborer the Chief Medical Examiner's 13. FATHER'S NAME in pencil File Lummie Campbell Oscar Turner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) event within 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH ARDIAC ARREST IMMEDIATE CAUSE (o) word DUE TO ony Conditions, if ony, which gove ARRYTHMIA the certificate, writing the rise to immediate couse (o), 4 should be forworded to .⊆ DUE TO stoting the underlying couse puo TRTERIOSCLEROTIC CARDIOURSCUL AR DISERCE. 0.5 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X YES [2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 6 PRIMARY Or CONTRIBUTING CAUSE OF DEATH cremotion, 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page of work of work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection 📈 and in my apinian Inquiry director. Natural causes . death resulted fram: Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior 1 SIGNATURE funerol DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 10 FUNE Health NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) Burial (Specify) Frederick, Frederick, Md. Fair t View Cemetery 12-31-67 250. REC'D BY REGISTRAR
JAN 3 1968 25b. REGISTRAR'S SIGNAL BUNERAL DIRECTOR VR A15ME Rockville, Md. 20850

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17014 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY delay is and 3 to M3. Page o. STATE b. COUNTY Frederick Virginia Loudoun MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) pup M3 Hillsboro Frederick Transient d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENC in Item 18. Give Pages 1, ON A FARM? olong with farm Frederick Memorial Hosp. (DOA) P.O. Box 32 YES NO TE Stote NAME OF Middle DATE Manth Day Year DECEASED ROGER THOMAS VENEY 1967. Dec. DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH last birthday) Manths Jan. 72 hours after deoth WIDOWED DIVORCED Male Negro Office 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 1Db. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY COUNTRY? in pencil in I Examiner's (Virginia Garageman Avis Rent-A-Car 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within Sidney Brown Mary Catherine Veney 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. pending" ir ef Medical E (Yes, na, or unknown) ((If yes give war or dates af service within Augusta M. Venev Hillsboro. No 18. CAUSE OF DEATH (Enter only one cause per light ward P PART I. DEATH WAS CAUSED BY ONSET AND DEATH event IMMEDIATE CAUSE (a) This certificate should DUE TO ony Canditions, if any, which gave te, writing the w forwarded to the rise to immediate couse (a), = DUF TO stating the underlying cause 19. WAS AUTOPS'
PERFORMED? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO removal, NO certificate, 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I ar Part II of item 18. 3 shauld 0 PRIMARY ar CONTRIBUTING CAUSE OF DEATH cremotion, MEDICAL 2De. PLACE OF INJURY (Home, farm, 2Dc. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Page at wark at wark 21. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my opinian Natural causes Accident Suicide [Hamicide Undetermined manner 5 may be retaine

TO FUNERAL DIRE

Health prior to b CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 4 Dec 1967 Robert J. Thomas. M. D. Address (Street, city, tawn, ar caunty) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE THEREOF Cemetery Lincoln, Virginia Lincoln ADDRESS 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) 106 E. Church St. Etchison & Son DATE DE 6M 1/67

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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The the		saw the de	eceased alive an	2/15	1967, ar	nd that	death accurred at,	8:45AM,	fram causes	and an the	date stated	l abave.
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Page 4 may be retained by the in 10 FUNERAL DIRECTOR: After this director, page 3 shauld be detac Should be filed with the State Dep	1	22c. PHYSICIAN'S NAME (Type)	∬J. R. Poi	rier,	M.D.		Fred.	Med. C	enter,	Frede	rick,M	d.
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MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17017 17666 CERTIFICATE OF DEATH s and 2 te death. within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) . PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Frederick Maryland Frederick MARYLAND Pages Urs after c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Frederick Years Frederick e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS filled in vuriai-iransir permit. Then please remove carban papers burial, crematian, ar remaval, and in any event, within 72 h East Third Street 7 East Third Street YES NO DE 4. DATE 3. NAME OF First Middle Last Manth Doy Year completely DECEASED 19 67 WILLIAM C. WESTERDALE DEATH (Type or print) December requires that the death certificate be executed 9. AGE (In years IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Manths Days Haurs October 12. 1890 White WIDOWED DIVORCED Male 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR physician and please r during most of working life, even if retired) INDUSTRY COUNTRY? U. S. A. Lamont Co Brockton, Mass. Salesman ravessi 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Westerdale (Unknown) 17. INFORMANT Address 15. WAS DECEASED EVER IN ILS. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates af service) 078 09 1486 Mrs. Myrtle Westerdale (Same as item#2) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO HRTER WSCLEROTIC Conditions, if ony, which gave (b) rise to immediate cause (a). DUE TO stating the underlying cause Page 4 may be retained by the haspital or attending directar, page 3 should be detached for use as the should be filed with the State Dept. af Health priar to **10 FUNERAL DIRECTOR:** After this certificate has been directar, page 3 should be detached for use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour o.m. Not While foctory, street, office bldg., etc.) at wark at wark 21. I certify that (1) (this haspital) attended the deceased from. 1962, and that death occurred at 123/4 M, fram couses and an the date stated above sow the deceased alive on_ 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING Dec. 4, 1967 M.D. PHYS DIRECTOR 22d. ADDRESS Toll House Ave. Frederick, Md. 22c. PHYSICIAN'S NAME (Type) Richard C. Revnolds. M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 23a. BURIAL, CREMATION REMOVAL (Specify) Dec. 5. 1967 Lutheran Cemetery Jefferson, Maryland 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS talele DATEDEC VR A15 (4 M. R. Etchison & Son, Frederick, Maryland 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

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